

State of Alabama Department of Insurance

Course Provider Application

(Type or print all information, this document will be scanned. Failure to type or print required information will result in a processing delay.)

DATE: (MM/DD/YYYY) ____/____/____

For Department Use Only:

DATE: (mm/dd/yyyy) ____/____/____

Approval Request: (Choose One)

- ☐ Initial approval as a Continuing Education Provider (\$300 application fee)
- ☐ Seeking renewal as a Continuing Education Course Provider: (\$100 application fee)
Enter Provider ID _____

Provider is: (Choose One)

- ☐ Statewide Agents Association
- ☐ Insurance Trade Association
- ☐ Approved Pre-Licensing Provider
- ☐ Institution of Higher Learning
- ☐ Bona Fide Education School
- ☐ Authorized Insurer
- ☐ Other (Describe): _____

Courses are available to the public: ☐ Yes ☐ No

Provider Information:

Provider (Company Name): _____

FEIN: _____ (FEIN or SSN of Company Official Required)

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Name of Provider Representative (Contact Person) _____

First Name MI Last Name

Phone #1: _____ Phone #2: _____

Toll Free Phone #: _____ Fax #: _____

Provider ID: _____

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Course Provider applicant acknowledges that he or she has read and understands the Continuing Education Provider Criteria and agrees to comply with all aspects of these requirements as stipulated by the Department pursuant to Code of Alabama, 1975, Section 27-8A-1 through Section 27-8-13.

(You must return this page with original signatures along with a check or money order payable to the Alabama Department of Insurance before we can process your application.)

Name of Continuing Education Provider Entity

Signature of Authorized Continuing Education Provider Representative

Date

Sworn to and subscribed before me this the _____ day of _____, _____

Notary Public

Commission Expires

Mail to:

Alabama Department of Insurance
Agent's Licensing Division
P.O. Box 303351
Montgomery, AL 36130-3351